

**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**State Form 48462 (R4 / 11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)**(CFA-11)****INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES (INCLUDE CFA-11
REPORT)

1

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name Carolyn "Carol" Schleif			2. Committee Telephone Number (317) 580-0540	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 10517 Hyde Park				
4. City Carmel	State IN	ZIP Code 46032	5. Party Affiliation or if Independent Candidate Republican	
6. Office Sought (include district number, if any. Not required for exploratory committee.) Carmel City Council, SW District			7. County of Residence Hamilton	
8. Reporting Period: From: 3-29-11 Through: 3-30-11				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

Classification	1.	Contributions:		
	Dr. Steven C. Beering & Jane P Beering 10487 Windemere Drive Carmel, IN 46032	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	\$1,000.00	3-29-11 Carol
Contributor's Occupation (if applicable) _____				
Classification	2.	Contributions:		
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Contributor's Occupation (if applicable) _____				
Classification	3.	Contributions:		
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Contributor's Occupation (if applicable) _____				

CERTIFICATION

I S W R E		THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	
			Date (MM-DD-YY) 3-30-11
		Not to be used for any commercial purpose. (IC 3-9-4-6) A IC 3-14-1-13) A person who fails to file a complete or accurate B misdemeanor (IC 3-14-1-14), and may be subject to civil	

FOR OFFICE USE ONLYHAMILTON COUNTY CLERK
JESSICA BEAVER

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